



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**CHILD & FAMILY SERVICES AGENCY**



**Office of Contracting & Procurement**

SUBJECT: Request for Proposal No. CSFA-04-R-0001 Family Based Foster Care Services

TO ALL OFFERORS:

The Government of the District of Columbia, Child and Family Services Agency (CFSA) is seeking proposals from qualified Offerors to acquire family based foster care services. CFSA will work with the selected the Offeror(s) to insure that all family based foster care services meets CFSA desired outcomes of Permanency, Well-being and Safety for children and youth in its care. This RFP is the second of a series of solicitations that CFSA plans to issue to implement a contract reform initiative.

A pre-bidders conference is scheduled for **December 16, 2003 at 1:00 PM at the General Services Administration Building located at 7<sup>th</sup> & D Streets, SW, Washington, DC 20024** to address questions about the RFP. It is requested that you or your organization prepare a proposal in accordance with the RFP Instructions and submit your proposal by **closing date of January 15, 2004 at 4:00 PM**. Your proposals shall be submitted to location stated below:

Mr. Roscoe Wade, Contracts Manager  
DISTRICT OF COLUMBIA GOVERNMENT  
Child & Family Services Agency  
955 L'Enfant Plaza, SW - Suite 5200  
Washington, D.C. 20024

Offerors may obtain copies of this solicitation between the hours of 9:00am and 4:00pm, Monday through Friday, except for legal holidays, at the same location set forth above. Electronic copies of the RFP may be obtained at web-site: [www.cfsa.dc.gov](http://www.cfsa.dc.gov) facsimile or electronic mail copies are not available. Each Offeror must record its' Name, Date and Time when acquiring a hardcopy of this solicitation.

CFSA appreciates your interest and we look forward to your possible participation in this procurement.

Sincerely,

Roscoe Wade  
Contracts Manager  
(Contracting Officer)

Enclosure

**REQUEST FOR PROPOSAL**  
**FOR**  
**FAMILY-BASED FOSTER CARE**

## INTRODUCTION

In June of 2001, the LaShawn A. v Williams Federal Court Receivership (“the LaShawn Receivership”) was terminated and the Child and Family Services Agency (“CFSA” or the “Agency”) became a cabinet-level agency of the government of the District of Columbia; and, on October 1, 2001, the legislation creating CFSA as a unified child abuse and neglect agency came into effect. The establishing legislation also gave CFSA the authority and responsibility for licensing foster homes and youth residential facilities (group homes and independent living facilities) and for the interstate placement of children. The total effect of these major changes in law and regulation, as well as the creation of a Family Court within the Superior Court of the District of Columbia, has been to make possible the creation of a child welfare safety net for children in the District of Columbia.

After termination of the LaShawn Receivership, the District entered a probationary period, during which it was required to meet 75% of 20 specific performance targets on behalf of children. In January 2003, Federal Judge Hogan certified that these targets had been met in order to complete the probationary period. The Child and Family Services Agency issues this Request for Proposals (“RFP”), as it did the Request for Proposals for Congregate Care (CFSA-03-R-0005), to facilitate meeting its core commitments to safety, permanence, and well-being for children, youth and families.

Key elements of CFSA’s vision include services that are: (1) integrated and tailored to meet the needs of individual children and families; (2) grounded in family, neighborhood, and community; (3) culturally competent; (4) of high quality, including meeting all licensing standards and following evidence-based practice; and (5) result-driven.

CFSA strives to support communities and families in keeping children safe at home whenever possible. Foster care shall be employed as a short-term, temporary solution for children who must be removed from their homes until permanent living arrangements are facilitated for them. All efforts shall be made to return children to their biological parents when a safe return is possible. If such return is not possible, CFSA’s commitment is to find a permanent, loving family through kin or adoptive parents.

CFSA emphasizes family engagement in decisionmaking and planning for the child. Teams of persons important in the life of a child, including biological family members, foster parents, social

workers, and other support networks, shall work together in support of children and families. Facilitated family team meetings will be used to engage family members in considering best options for the child as part of the case planning process and whenever a change in a child's placement is being considered. CFSA and private providers will use visitation, the provision of services, and case management as tools toward achieving goals - particularly the goal of permanency. CFSA considers foster, kin and pre-adoptive caregivers as integral parts of the team that moves a child and family toward the permanency goal, and will offer them a range of services to support their efforts. CFSA discourages children's experience of multiple placements while in foster care, as this can damage their well-being.

During a child's stay in foster care, CFSA's goal is to provide them with a family setting that promotes continued connection to siblings, parents, extended family members, and communities. CFSA promotes child and family well-being by paying careful attention to education, mental and physical health care needs. To the extent possible, CFSA envisions care and services to be linked together at the neighborhood level, in the communities where families and children live. A community-based system enhances the well-being of children and families by reducing the trauma of foster care separation, and increasing the potential for reunification with biological parents and support by kin. A community-based approach also effectively links children, biological families, and caregivers to a network of informal and formal supports in their neighborhoods that can continue to make a difference to them after the child welfare system is no longer involved.

As stated herein, this RFP incorporates the LaShawn A. V. Williams Implementation Plan (IP), which sets forth benchmarks that the District must achieve in order to come into compliance with the LaShawn A. v Williams Modified Final Order, ("Modified Final Order") by December 2006. In general, both the Modified Final Order and the Implementation Plan are consistent with the broad vision described here. In addition, they include specific, measurable expectations with dates of completion across all aspects of child welfare performance. The expectations, among others, include:

- Reduced use of congregate care, particularly for young children;
- A limit on the number of children placed in a single congregate care facility;
- Improvements in critical aspects of case management such as timely and quality case plans and visits to children; and,
- Requirements for training and caseload numbers for social workers and supervisors.

The RFP includes a fuller account of the specific expectations that CFSA and, therefore, Offerors must meet in the first and subsequent years of the contract. A copy of the Implementation Plan is attached hereto and incorporated as part of the contract resulting from this solicitation.

**PART I – SCHEDULE**

**SECTION B**

**SUPPLIES OR SERVICES AND PRICE/COST**

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**SECTION B - SUPPLIES OR SERVICES AND PRICE/COST**

- B.1.1 The District of Columbia's Child and Family Services Agency ("CFSA" or the "Agency") seeks contractors to provide Family-Based Foster Care (see Attachment J.10, Child and Family Services Agency Glossary of Terms for the definition of Family Based Foster Care) for children and families.
- B.1.2 The Agency contemplates awarding multiple contracts for the services set forth in this Section B and Section C of this RFP. Offerors are required to propose one or more of the contract line items set forth in this Section B for the base period and one (1) option year to be considered for a contract award. An Offeror proposing to serve the District target populations in Family-Based Foster Care settings shall submit separate and distinct proposals outlining the program for each population. The Agency may award multiple contracts to different Offerors for the services set forth in this solicitation.

**B.2 INDEFINITE QUANTITY CONTRACT**

- B.2.1 CFSA intends to award several indefinite quantity contracts with payments based on the unit rates set forth in each contract. The contract requires the Agency to order and the Contractor to furnish at least a stated minimum of supplies or services. The maximum quantities of supplies and/or services that the contractor is obligated to provide are specified in the Pricing Schedule. The guaranteed minimum quantities of services to be ordered are set forth below in Section B, Price Schedule.
- B.2.2 The CFSA Contracting Officer shall make delivery or performance orders only issued in accordance with the Ordering Clause stated in subsections or paragraphs in the contract. The Contractor shall furnish to the Agency, when and if ordered, the supplies and/or services specified in the Pricing Schedule, up to and including the maximum quantity. Through this type of contract, the Agency commits to payment for the minimum quantity specified in the contract, and for any additional amounts beyond the stated minimum, at the fixed price per unit as specified.

- B.2.3 There is no limit on the number of orders that CFSA may issue. The District Government may issue orders requiring delivery to multiple destinations or performance at multiple locations so long as the aggregate of all orders does not exceed the maximum.

**B.3 RESERVED**

**B.4 CONTRACT LINE ITEMS**

CFSA shall specify the maximum quantities in this Section B Price Schedule as set forth below for Family Based Foster Care that CFSA intends to contract. These numbers are maximums, based on CFSA's actual Family Based Foster Care population and CFSA plans to increase the number of children and youth placed with foster and adoptive families, rather than in other settings, over the coming years. The number of children requiring services may vary from year to year depending upon the need for foster care, and CFSA's success in placing more children and youth in family-based settings. Please reference the LaShawn A. Williams Modified Final Order and Implementation Plan cited in Section J, Attachment J.22 of this RFP.

**B.5 SECTION B, PRICE SCHEDULE - - DEFINITIONS AND INSTRUCTIONS.**

- B.5.1 Item No.: The specific family based foster care category and the period of time (*i.e.* base period or option period) in which the service is to be provided.
- B.5.2 Supply/Services: Type of family based care services (including a cross-reference to specific sections of the RFP) that set forth details of the level of service, and the age of the child or youth, in which family based foster care shall be provided by the Offeror.
- B.5.3 Maximum Quantity of CLINs 0001AA and 0002AA (Traditional Family Based Foster Care), 0001AB and 0002AB (Specialized Family Based Foster Care) and 0001AC and 0002AC (Adoption Services): The maximum number of children for which CFSA will contract for to provide family based care services, as set forth by these Line Item Numbers.
- B.5.3.1 Maximum Quantity of Sub-CLINs 0001AAA and 0002AAA (Continuing Child Case Management Responsibility for Traditional Family Based Foster Care), 0001AAB and 0002AAB (Continuing Family Case Management Responsibility for Traditional Family Based Foster Care), 0001ABA and 0002ABA (Continuing Child Case Management For



Specialized Family Based Foster Care), 0001ABB and 0002ABB (Continuing Family Case Management for Specialized Family Based Foster Care): The maximum number billing days, per child or child's family, for case management services provided for children who are expected to exit family-based care for any length of time or for any reason, as set forth by these Sub-CLIN Line Item Numbers.

- B.5.4 Unit: Child per day.
- B.5.5 Unit Price: Price per child per day for family based care services.
- B.5.6 Not To Exceed Amount: The extended price based on the Offeror's stated maximum capacity times the price per child per day.
- B.5.7 Guaranteed Minimum: The minimum required quantity of service that the District shall contract for which the District shall be liable to pay the contractor under the contract during the performance period.
- B.6 Offerors are required to complete the Unit Price, Offeror's Proposed Quantity and the Not To Exceed Amount for each contract line item of Family Based Care Services proposed.
- B.7 Offerors are required to propose the Unit Price, Offeror's Proposed Quantity and the Not To Exceed Amount for base period and the option period for the Family Based Foster Care that the Offeror proposes.

**B.8 PRICE SCHEDULE****B.8.1 BASE PERIOD: 4/1/04 THROUGH 3/31/05**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price per Child Per Day)</u>	<u>Not to Exceed Amount</u>
0001AA	Traditional Family Based Foster Care (See Section C Paragraph C.9.1) <b>Guaranteed Minimum Amount is \$1000.00</b>	500	_____	_____	_____

**B.8.2 BASE PERIOD: 4/1/04 THROUGH 3/31/05**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price Per Day)</u>	<u>Not to Exceed Amount</u>
0001AAA (Sub-CLIN)	Continuing Child Case Management Responsibility for Traditional Family Based Foster Care (See Section C Paragraph C.6.3) <b>Guaranteed Minimum Amount is \$1000.00</b>	10,350	_____	_____	_____
0001AAB (Sub-CLIN)	Continuing Family Case Management Responsibility for Traditional Family Based Foster Care (See Section C Paragraph C.6.5) <b>Guaranteed Minimum Amount is \$1000.00</b>	20,988	_____	_____	_____

**B.8.3 BASE PERIOD: 4/1/04 THROUGH 3/31/05**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price Per Day Per Child)</u>	<u>Not to Exceed Amount</u>
0001AB	Specialized Family Based Foster Care (See Section C Paragraph C.9.2) <b>Guaranteed Minimum Amount is \$1000.00</b>	650	_____	_____	_____

**B.8.4 BASE PERIOD: 4/1/04 THROUGH 3/31/05**

<b><u>Item No.</u></b>	<b><u>Supply/Services</u></b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Price Per Day)</u></b>	<b><u>Not to Exceed Amount</u></b>
0001ABA (Sub-CLIN)	Continuing Child Case Management For Specialized Family Based Foster Care (See Section C Paragraph C.6.3) <b>Guaranteed Minimum Amount is \$1000.00</b>	13,455	_____	_____	_____
0001ABB (Sub-CLIN)	Continuing Family Case Management for Specialized Family Based Foster Care (See Section C Paragraph C.6.5) <b>Guaranteed Minimum Amount is \$1000.00</b>	27,284	_____	_____	_____

**B.8.5 BASE PERIOD: 4/1/04 THROUGH 3/31/05**

<b><u>Item No.</u></b>	<b><u>Supply/Services</u></b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Price Per Day Per Child)</u></b>	<b><u>Not to Exceed Amount</u></b>
0001AC	Adoption Services (See Section C Paragraph C.10) <b>Guaranteed Minimum Amount is \$1000.00 (Cannot Be Proposed as a Stand Alone Service)</b>	200	_____	_____	_____

**B.8.6 OPTION PERIOD 1: 4/1/05 THROUGH 3/31/06**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price per Child Per Day)</u>	<u>Not to Exceed Amount</u>
0002AA	Traditional Family Based Foster Care (See Section C Paragraph C.9.1) <b>Guaranteed Minimum Amount is \$1000.00</b>	550	_____	_____	_____

**B.8.7 OPTION PERIOD 1: 4/1/04 THROUGH 3/31/05**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price Per Day)</u>	<u>Not to Exceed Amount</u>
0002AAA (Sub-CLIN)	Continuing Child Case Management Responsibility for Traditional Family Based Foster Care (See Section C Paragraph C.6.3) <b>Guaranteed Minimum Amount is \$1000.00</b>	12,375	_____	_____	_____
0002AAB (Sub-CLIN)	Continuing Family Case Management Responsibility for Traditional Family Based Foster Care (See Section C Paragraph C.6.5) <b>Guaranteed Minimum Amount is \$1000.00</b>	25,144	_____	_____	_____

**B.8.8 OPTION PERIOD 1: 4/1/04 THROUGH 3/31/05**

<u>Item No.</u>	<u>Supply/Services</u>	<u>Maximum Quantity to be Contracted by CFSA</u>	<u>Offeror's Proposed Quantity</u>	<u>Unit Price (Price Per Day Per Child)</u>	<u>Not to Exceed Amount</u>
0002AB	Specialized Family Based Foster Care (See Section C Paragraph C.9.2) <b>Guaranteed Minimum Amount is \$1000.00</b>	600	_____	_____	_____

**B.8.9 OPTION PERIOD 1: 4/1/04 THROUGH 3/31/05**

<b><u>Item No.</u></b>	<b><u>Supply/Services</u></b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Price Per Day)</u></b>	<b><u>Not to Exceed Amount</u></b>
0002ABA (Sub-CLIN)	Continuing Child Case Management For Specialized Family Based Foster Care (See Section C Paragraph C.6.3) <b>Guaranteed Minimum Amount is \$1000.00</b>	13,500	_____	_____	_____
0002ABB (Sub-CLIN)	Continuing Family Case Management for Specialized Family Based Foster Care (See Section C Paragraph C.6.5) <b>Guaranteed Minimum Amount is \$1000.00</b>	27,375	_____	_____	_____

**B.8.10 OPTION PERIOD 1: 4/1/04 THROUGH 3/31/05**

<b><u>Item No.</u></b>	<b><u>Supply/Services</u></b>	<b><u>Maximum Quantity to be Contracted by CFSA</u></b>	<b><u>Offeror's Proposed Quantity</u></b>	<b><u>Unit Price (Price Per Day Per Child)</u></b>	<b><u>Not to Exceed Amount</u></b>
0002AC	Adoption Services (See Section C Paragraph C.10) <b>Guaranteed Minimum Amount is \$1000.00 (Cannot Be Proposed as a Stand Alone Service)</b>	220	_____	_____	_____

**PART I – SCHEDULE****SECTION C****DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK****TABLE OF CONTENTS**

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## **SECTION C**

### **DESCRIPTION/SPECIFICATIONS/WORK STATEMENT**

#### **C.1 BACKGROUND**

- C.1.1 The District of Columbia's Child and Family Services Agency (CFSA or the "Agency") is charged with protecting children and youth from abuse and neglect and ensuring that children removed from their homes are placed in safe settings in which their well being is supported. Every child deserves a permanent home and the nurture and support of a loving family. Therefore, diligent efforts shall be made to secure such settings for children and youth, including those with special needs such as medical and mental health conditions, behavioral and emotional problems, learning disabilities, and teen parenting responsibilities. CFSA seeks to place all children and youth with families before considering alternative settings such as congregate care.
- C.1.2 In the upcoming years, CFSA will invest resources in preventing children from entering foster care and remaining safely in their own families. For those children who must come into care, the expectation is that these children will move toward permanent living arrangements within the Adoption and Safe Families Act (ASFA) guidelines that no child shall have a permanency goal of reunification for more than 18 months unless the social worker has documented extraordinary circumstances, and reason to believe that the child can still be returned home within a specified and reasonable time period. CFSA will make every effort to ensure that children are placed with their siblings. Placement with siblings is best for children, and also reduces the number of different child-placing agencies and social workers involved with a family.
- C.1.3 CFSA plans to increase utilization of family-based care (both kinship care and family-based foster care), and reducing the use of congregate care for all populations of children and youth. In the short term, CFSA plans to place all children 12 years of age and younger in family-based foster care. In addition, CFSA will emphasize placement of pregnant teens and teen parents with small children in family settings. In upcoming years, as capacity is developed, CFSA will also increase the placement of youth aged 13 and older in family-based foster care.

- C.1.4 Over the long-term, CFSA envisions establishing a seamless continuum of family-based foster care designed to serve the full range of needs of children who have been removed from their homes. The historical categories of traditional and therapeutic foster care will be eliminated and replaced with a continuum of levels of care determined by a child's specific needs. Using this approach, payment will be based on the level of care required for foster parents to meet the care and service needs of a child. CFSA will gradually implement such a model. For the term of this contract, a child will be placed in “Specialized Family-Based Foster Care” only if CFSA’s Office of Clinical Practice determines that the child requires significant behavioral, psychological, medical or pharmacological intervention or assistance with activities of daily living. Children who require only mild to moderate behavioral, psychological, medical, or pharmacological intervention or assistance with activities of daily living will be placed in “Traditional Family-Based Foster Care”.
- C.1.5 Contractors shall provide family-based foster care and affiliated services to children and their families, and meet the general and program requirements set forth in this RFP, and comply with LaShawn A. v. Williams Implementation Plan guidelines. In line with CFSA’s goals, services must be integrated, family-centered, culturally and linguistically competent, and community-based. A performance-based system of evaluation will be employed to ensure accountability, achievement of positive outcomes for children, youth and families, and cost-effectiveness of service provision.

## **C. 2 TARGET POPULATION AND TYPES OF CARE**

- C.2.1 Presently, CFSA contracts for approximately 600 children in the existing category of “Traditional Foster Care”, 600 in the category currently named “Therapeutic Foster Care”, and 70 children in need of medically fragile care. In this RFP, CFSA seeks to contract for placement in “Family-Based Foster Care” of 1,100 children and youth ranging in age from birth to 21 years of age.
- C.2.2 Children and youth in need of family-based foster care possess a broad range of characteristics, sometimes including challenging emotional and behavioral patterns, developmental delays or disabilities, educational challenges, physical or medical disabilities or conditions, and pregnancy or parenting responsibilities. They may also be gay, lesbian, bisexual or transgendered.



C.2.3 As CFSA further develops a system whereby levels of care will be determined by children's specific needs, this contract will be for a one-year term with the District's right to exercise an option to renew for one year. This contract offering presents two broad levels of family-based foster care: "traditional" and "specialized". Offerors shall propose "Traditional Family-Based Foster Care" for those children and youth requiring mild to moderate behavioral, psychological, medical, or pharmacological intervention or assistance with activities of daily living. Offerors shall propose "Specialized Family-Based Foster Care" for those children and youth requiring significant behavioral, psychological, medical or pharmacological intervention or assistance with activities of daily living. Traditional and Specialized Family-Based Foster Care may serve children and youth of all ages, including youth who are pregnant and/or have children. Adoption services may be proposed for children and youth served within Traditional or Specialized Family-Based Foster Care, but not as an isolated service.

C.2.4 CFSA will limit the number of children and youth placed in "specialized" care. CFSA will only place children and youth in "Specialized Family-Based Foster Care" after CFSA's Office of Clinical Practice has made a determination of the need for this level of care. In general, "specialized" care is designed to divert to family-based care children and youth with conditions or behaviors that might otherwise lead to placement in more restrictive settings such as hospitals, psychiatric centers, correctional facilities or residential treatment programs, and/or to provide homes for children and youth transitioning back into the community from such settings. CFSA believes that the needs of children can otherwise be met successfully in "traditional" care.

Specifically, the types of conditions or behaviors which may require "specialized" care include, but are not limited to:

C.2.4.1 chronic delinquency

C.2.4.2 chronic abscondence from previous settings

C.2.4.3 difficulty performing the activities of daily living

C.2.4.4 dangerous sexual acting out behavior

C.2.4.5 certain psychiatric diagnoses

C.2.4.6 multiple handicaps or medically fragile conditions that require skilled nursing care

- C.2.5 The Contractor shall transition children in “Specialized Family-Based Foster Care” to “Traditional Family-Based Foster Care” levels of care within twelve (12) months of placement unless a longer period is clinically justified and approved by CFSA’s Office of Clinical Practice.

### **C.3 SCOPE OF SERVICES**

#### **C.3.1 General Requirements – Legal Mandates**

- C.3.1.1 The Contractor shall comply with the licensure requirements set forth by Title 29 DCMR Chapter 60 for child-placing agencies in the District of Columbia. An Offeror not licensed as a District of Columbia child-placing agency must provide evidence of having submitted a complete application for licensure to the District’s Department of Health at the time of submission of the proposal, and must be licensed prior to contract award.

- C.3.1.2 The Contractor shall provide Family-Based Foster Care in accordance with all existing federal and District of Columbia laws, rules and regulations, including those regarding confidentiality of client information.

- C.3.1.3 The Contractor shall provide care consistent with federal and District laws, the policies, procedures, and standards promulgated by CFSA and Implementation Plan (the “IP”). The Offeror shall be responsible for incorporating the IP requirements in the service delivery model and practice proposed.

#### **C.3.1.4 Mental Health Rehabilitative and Medicaid-Reimbursable Services**

CFSA is committed to assuring that mental health services provided to children, youth and families without access to private health insurance are provided by agencies certified as Medicaid providers. Proposals that describe an existing or planned capacity to augment CFSA funding with other resources shall be evaluated more favorably in the Technical Evaluation (Sub-Factor 2). Offerors that are certified Medicaid providers, or provide evidence that they are in the process of becoming certified, or are collaborating with subspecialty or subcontracted provider agencies that are certified

Medicaid providers will be more favorably evaluated in the Technical Evaluation (Sub-Factor 2).

C.3.1.5 Reserved

C.3.1.6 The Contractor shall register all children in need of mental health services with the District of Columbia's Department of Mental Health (DMH), and connect them with a DMH-certified Core Service Agency to access needed services.

C.3.2 Principles of Care

C.3.2.1 The Offeror shall demonstrate that its services reflect CFSA's principles of care set forth in the following subsections, and compliance with the general and program requirements applicable to all forms of family-based foster care requested in this Request for Proposal. In addition, the Offeror shall describe how its services will meet the guidelines specific to the type of family-based foster care proposed.

C.3.2.2 Service Integration and Linkage

C.3.2.2.1 Proposals shall detail the Offeror's plans to work with other providers to establish and maintain an accessible and coordinated continuum of care and services (see Attachment J.10 for Definition). In accordance with Management/Technical Evaluation Sub-Factor 2, CFSA's evaluation of proposals shall favor those agencies that ensure access to a full range of children, youth and family services through the development, or the ability to develop, formal relationships and concrete linkages with District agencies, community organizations, and other CFSA providers. Linkage with relevant, neighborhood-based service networks such as the Healthy Families/Thriving Communities Collaboratives, or similar networks, shall be evaluated favorably.

C.3.2.2.2 Offerors shall propose development of an integrated services network with providers of community-based social and supportive services, congregate care, and other clinical services that includes protocols for referral, communication, service planning and delivery, sub-contracting, communication, and data collection. Service provider contracts, formal service agreements, "letters of linkage", and memoranda of understanding among members of the service network may act as evidence of a formal agreement. Business agreements or other evidence of service relationships among members of the service network should be attached to the proposal as evidence of formal agreement. Letters of support alone do not constitute evidence of established

linkages and service integration. See also C.3.2.5 “Community-Based Services” and C.8.4 “Mental Health and Other Clinical Services”.

### C.3.2.3 Family-Centered Practice

C.3.2.3.1 The Contractor shall propose a family-centered practice model that describes how, as appropriate, the biological parents, extended family members, fictive kin (see Attachment J.10 for Definition) and the foster family will be included in the “community of care” for the child.

C.3.2.3.2 CFSA is implementing the use of facilitated family team meetings to fully engage family members in planning and decision-making regarding the best options for their children. A team approach shall be employed that includes the social worker, foster family, biological family, service providers, and any other family supports in case planning and review, and when placement changes are being considered for a child. The Offeror’s proposal shall describe the manner in which families will be engaged in planning and decision-making beginning when the child is placed, and continuing throughout the child’s time in care. Maximum family participation is expected, when appropriate, even if a youth’s discharge goal is independent living. The Offeror shall describe how families will be linked with effective services in furtherance of the goal of strengthening family functioning.

C.3.2.3.3 The Contractor shall facilitate supervised, face-to-face visitation between the child and family members (including siblings) and other significant individuals in the child’s life. Visitation shall meet the requirements set forth by the Implementation Plan. Visits may take place in the home community, on-site, and/or in the homes of family members, in accordance with the provisions of the child’s case plan. Additional contact should be encouraged in the form of telephone calls and other forms of communication between children and their relatives, and/or other significant individuals, as this is a crucial element of a child’s sense of well-being, and can be an important component of progress toward permanency.

### C.3.2.4 Cultural and Linguistic Competence

C.3.2.4.1 The Contractor shall provide culturally competent services through a staff that is representative of the community served. These staff persons shall be knowledgeable of

the cultural backgrounds of children and families, reinforce positive cultural practices, and acknowledge and build upon ethnic, socio-cultural and linguistic strengths.

C.3.2.4.2 The Contractor shall ensure that staff are trained in the provision of community-based services, including knowledge of community characteristics, resources, and needs, and in developing and negotiating services for children within a neighborhood-based environment. Services that are culturally competent are delivered in conjunction with the natural, informal supports and helping networks within the communities of the people served. A commitment to providing culturally competent services is embraced by agency leadership, and institutionalized within agency policy and practice.

C.3.2.4.3 The Contractor shall provide services in the languages spoken by children and family members. CFSA expects children and families to be served by staff fluent in their languages and familiar with their cultures. Interpreter services shall be utilized as a backup resource only on the limited occasions when staff members with the necessary language skills are not available to serve families who speak a language other than English. Contractors shall not depend upon children or other family members to provide interpretation services.

#### C.3.2.5 Community-Based Services

C.3.2.5.1 Use of a community-based system of services contributes to the well-being of children and their families by reducing the trauma of foster care separation, and increasing the potential for reunification with natural parents or kin. The Offeror shall describe its plan for establishing foster homes within the communities of origin of the children it serves, or as close to those communities as possible, unless such proximity is not in the best interests of those children. Such proximity ensures that children in foster care are able to maintain connections with their friends and families, schools and places of worship.

C.3.2.5.2 Whenever community-based placement is not possible, the Contractor shall facilitate linkages that strengthen a child's relationship with his or her community of origin, as well as the community in which he or she shall be residing upon discharge. To the extent possible, the Contractor shall also provide support services for children and their families in a child's community of origin, or community of placement.

C.3.3 Location of Services

C.3.3.1 In line with the Agency's commitment to provide community-based services to children and families, the Offeror shall present evidence of its ability to recruit, license, and retain foster and adoptive (if proposing adoptive) families who reside in the District of Columbia. In accordance with Management/Technical Evaluation criteria Sub-Factor 2, CFSA will more favorably evaluate proposals that have established foster and adoptive homes in the District of Columbia, or present concrete plans for doing so.

C.3.3.2 The Offeror may propose utilization of licensed foster and adoptive (if proposing adoptive) homes outside the District of Columbia, but these homes must be located within 25 miles of the borders of the District of Columbia.

C.3.3.3 CFSA encourages the Offeror to propose one or more geographic areas of the District of Columbia in which to concentrate services provided to children and families. In accordance with Management/Technical Evaluation criteria Sub-Factor 2, CFSA will more favorably evaluate proposals that demonstrate linkages to community-based services in areas of the District of Columbia that encompass the original neighborhoods of the children in its care, and/or the communities in which their foster homes are located. Those linkages shall facilitate children's ability to maintain connections with friends and family members, schools, places of worship, and other organizations in their communities of origin, and to successfully establish relationships in their family-based foster care communities of residence. Data collected by CFSA's Office of Planning indicate that approximately 70% of substantiated cases of abuse and neglect involve families residing in Wards 5, 6, 7 and 8, and that about 70% of District of Columbia foster homes are also located in these Wards. See also Section 3.2.2 "Service Integration and Linkage, and Section 3.2.5 "Community-Based Services".

C.3.3.4 If proposing to use foster and adoptive families who reside outside the District of Columbia, the Offeror must describe how it will ensure that children are able to maintain relationships with their biological parents, extended families, friends, schools, place of worship, and other connections in their communities of origin.

C.3.4 Foster Home Licensing Requirements

C.3.4.1 The Contractor shall only use licensed foster homes for the placement of children.

Homes located in the District of Columbia shall meet the standards set forth by Title 29 DCMR Chapter 60. Foster homes located outside of the District must be licensed in the jurisdictions in which care is provided, but must also meet the District's licensing standards. CFSA is aware that the District of Columbia's licensing standards for foster homes and/or adoptive homes are more stringent than those of adjacent jurisdictions in select areas, including training requirements, the frequency of criminal background checks, and the number of children who may be placed in a home. The Offeror must identify any standards that are distinct, and describe how care will fully comply with District regulations.

C.3.4.2 As long as care continues to be provided across the D.C. metropolitan area, case management is most effectively facilitated if an Offeror has the ability through licensure and established service networks to provide quality services in more than one jurisdiction. An Offeror proposing care in jurisdictions other than the District of Columbia shall fully describe the methods, strategies and resources it will employ to ensure that children placed in homes outside of the District have access to its integrated services network and/or to services in the communities in which they reside.

C.3.4.3 An Offeror's foster and adoptive homes must comply with all local and federal housing and building code regulations, and those specified in Title 29 DCMR Chapter 60. An Offeror proposing care for physically challenged, non-ambulatory and medically fragile children shall ensure that foster homes for these children meet regulations governing the care of children with disabilities.

C.3.4.4 District of Columbia licensing requirements shall apply to both new and pre-existing foster homes. An Offeror utilizing homes currently licensed according to Maryland or Virginia regulations must renew the license in accordance with higher District standards.

C.3.4.5 The Contractor shall ensure that children are placed only in licensed foster and adoptive homes. Failure to re-license homes in a timely fashion in which children are placed constitutes a basis for default and termination of this contract. The Offeror shall describe its plan for ensuring that foster and/or adoptive homes remain in compliance with District standards and those of the jurisdictions in which the homes are located, and for timely renewal of foster home licenses. The Offeror's plan shall include a strategy for providing

alternative foster home placements for children in the event of emergency situations that render a foster home out of compliance with the regulations, standards, policies or procedures promulgated by the District of Columbia, the applicable state, or by CFSA.

C.3.4.6 A Contractor may place no more than three foster children in a traditional foster home at any one time, and no more than a total of six children, including the family's natural children, shall reside in a traditional foster home. Further, the Contractor shall not place more than two children under two years of age, or more than three children under the age of six in a home. A single parent may care for only two foster children requiring traditional care. An exception to these limits may be made only for sibling groups, and must be approved by CFSA's Office of Licensing and Monitoring. Whenever possible, only one child requiring specialized care shall be placed in a foster home. Without the prior approval of CFSA, no more than two children, including the foster parent's natural children, may reside in a specialized home at any time.

#### C.3.5 Recruitment, Training and Retention of Foster Parents

C.3.5.1 CFSA is interested in increasing the pool of available foster families. The Offeror shall propose creative strategies for recruiting new families interested in providing foster care. CFSA strongly discourages an Offeror from recruiting trained foster parents from other child-placing agencies through the use of monetary incentives. Over time, CFSA anticipates standardizing rates paid to foster parents providing comparable levels of care, as is now the case with providers of traditional foster care.

C.3.5.2 The Contractor shall ensure that foster parents are trained in accordance with D.C. licensing regulations to include 30 hours of pre-service training, and 15 hours of annual in-service training. Offerors should propose a recognized model of foster parent training such as PRIDE or MAPP, and outline the expected learning outcomes of their foster parent training, including the knowledge and competencies trainees are expected to acquire.

C.3.5.3 An Offeror's proposal shall describe a full range of strategies for retaining its foster parents, including resources such as support from staff and experienced foster parents, needs-based training, opportunities for foster parents to provide input into policy



development and serve in other leadership roles, appreciation activities, and supportive services such as respite care. See also Section C.3.9 “Respite Care Services”.

#### C.3.6 Foster Parent Requirements

C.3.6.1 The Contractor shall provide licensed foster homes with a foster parent(s) available 24 hours a day to address the needs of children in care, and able to respond to crises or emergency situations. The Offeror’s proposal shall state whether both parents in a home shall be allowed to hold outside employment. If one or both parents are permitted to work outside of the home after a child is placed in the home, the Offeror shall describe how the services of at least one parent shall be available to the child(ren) in care twenty-four hours a day, seven days a week. For example, the Offeror shall describe its procedures for locating parents in an emergency, and its expectations regarding foster parents’ responsibilities for meeting the child’s therapeutic, health, educational, vocational, and recreational needs.

C.3.6.2 The Offeror shall describe its standards for providing foster care for children with special needs, which may preclude a parent from working outside of the home. Unless previously approved by CFSA, a foster parent providing specialized foster care may not provide paid home-based day care services to additional children not residing in the foster home.

C.3.6.3 The Contractor’s foster parents must reside in a house or apartment with at least two separate bedrooms and a working telephone. Those who have cars must have legally required auto insurance and valid driver’s licenses from the State in which they reside. For foster parents who do not own cars, the Offeror shall describe how the parent or agency shall provide the transportation necessary to meet the visitation and service requirements identified in the case plan, the Individual Treatment Plan or the Individual Habilitation Plan of a child placed in the home.

C.3.6.4 The Offeror shall affirm primary use of behavior management strategies to teach prosocial, adaptive behavior rather than to reduce or eliminate undesirable behavior.

C.3.6.5 The Offeror shall describe its policy on discipline/punishment which shall include a description of acceptable methods of discipline, prohibition of corporal punishment, and a discussion of other specific types of punishment which are unacceptable.

C.3.6.6 The Contractor shall terminate the services of any foster parent who physically, sexually, or verbally abuses children and families; fails to report an allegation of child abuse or neglect of which he or she is aware to the appropriate authority in the jurisdiction in which the allegation occurred; abuses alcohol or drugs; or commits criminal behavior. Failure to terminate the services of a foster parent who meets any of these criteria shall be sufficient cause for the termination of this contract under the Default Clause.

#### C.3.7 Respite Care Services

C.3.7.1 The Offeror shall describe its plan for providing foster parents with respite or “time off” on a regular basis. The Offeror shall describe the frequency and duration of its planned use of respite care, and its proposed use as a resource to prevent placement disruption. Respite care services may be offered in the home of the foster parent receiving it, or in the licensed foster home of a foster parent providing respite services. A respite parent shall meet the same licensing requirements described in Section C.3.7 “Foster Parent Requirements”. CFSA shall not be responsible for direct provision of respite services to the Contractor’s foster parents.

C.3.7.2 The Offeror shall describe its process for recruitment, training, selection and licensing of respite providers, highlighting any distinction from the methods used to recruit, train and select full-time foster parents.

#### C. 3.8 Emergency Capacity

C.3.8.1 CFSA’s goal is to place children in the most permanent setting possible as a first placement in order to avoid multiple placements that can be damaging to child well-being. Under limited circumstances in which this may not be possible, the Offeror shall describe its plan for limited use of short-term, emergency foster homes for each type of family-based foster care. In addition to some situations of immediate placement for children first entering the foster care system, emergency capacity may be needed for children requiring a change in placement setting, or children returning from abscondence.

C.3.8.2 The Offeror shall propose its methodology for developing and maintaining a pool of foster parents who will accept children on an emergency basis, twenty-four (24) hours a

day, seven days a week, and shall describe a mechanism for authorizing such emergency placement.

C.3.8.3 The Offeror shall propose the percentage of their foster homes to be designated for emergency placement.

C.3.8.4 The Contractor shall ensure that children will be transitioned from emergency care to longer-term placement within thirty (30) days. The Offeror shall describe its plan for accomplishing this in a timely fashion, especially for cases in which case management responsibility has not yet been transferred to the Contractor's social worker. A child may be transitioned to specialized care only if the CFSA's Office of Clinical Practice has certified that he/she is in need of that level of care.

#### **C.4 ORGANIZATION AND STAFFING REQUIREMENTS**

##### **C4.1 Program Management and Oversight**

C.4.1.1 The Offeror shall describe its agency management and administrative structure, fiscal capacity, and approach to program oversight that supports the accomplishment of program objectives.

C.4.1.2 The Offeror shall fully explain the roles of its executive staff in assuring that programs shall meet CFSA's practice standards. These performance expectations are described in detail in Section C.5.4 "Performance Evaluation and Outcome Measurement".

C.4.1.3 The Offeror shall include an organizational chart that depicts organizational relationships and identifies the lines of accountability, administrative and supervisory relationships for each function and staff person funded by the proposed contract.

##### **C4.2 Staffing Requirements**

C.4.2.1 The Offeror shall propose a staffing pattern designed to deliver the full range of case management and clinical functions it proposes, and the administrative and managerial capacity to adequately support these functions.

- C.4.2.2 The Contractor shall ensure that staff members possess the credentials and competencies to perform their respective duties, and shall provide documentation to that effect.
- C.4.2.3 The Contractor shall clear all employees, consultants and sub-contractors through the Child Protection Registries and the state Police Department of the jurisdiction(s) in which they have resided for the last five years.
- C.4.2.4 The Contractor shall also ensure that all direct and indirect staff, including consultants and subcontractors, do not have any prior criminal record of convictions for child abuse or molestation, sexual abuse or rape, or any other violent crimes, or for drug use or drug involvement.
- C.4.2.5 The Contractor shall maintain individual personnel files for each staff person employed under this contract. Each file shall contain, at a minimum, the application for employment, resume, professional and/or personal references, and applicable credentials, licenses and certifications; records of drug and alcohol tests; documentation of performance evaluations, personnel actions, time and attendance records, and training. Current health certificates for all staff that establish the absence of communicable diseases shall also be maintained in the individual personnel files. Documentation of any allegations of professional or other misconduct and the Contractor's actions with respect to the allegations, and the date and reason for termination of employment, if applicable, shall also be included. The personnel files shall be made available to the Contract Administrator and Contract Monitor upon request.
- C.4.2.6 The Contractor shall establish and maintain in personnel files the job descriptions for each position funded under the contract, including those for consultants or sub-contractors involved in the delivery of services to children. Copies shall be appended to the Offeror's proposal. Each job description shall include the qualifications required for the position, including education and experience, and credentialing, licensure, and/or certification. The job description shall include a description of the duties and responsibilities, hours of work, salary range and supervisory controls. Any changes in staffing patterns or job descriptions for positions funded under this contract shall be approved in writing by the Contract Administrator two weeks in advance of such changes.

C.4.2.7 The Contractor shall submit a complete listing of program staff to the Contracting Administrator or his designee within thirty days of the award of the Contract. During routine monitoring the Offeror shall provide the Program Monitor with advance notice, in writing, of the hiring of new staff, and shall provide copies of their resumes and license/certificates, if applicable. The Contractor shall immediately inform the Program Monitor when any staff person is terminated or resigns. The Contractor's immediate notification of staff changes (appointments/terminations) shall be reflected through an accurate staff listing with appropriate security clearance in the FACES management information system.

C.4.2.8 The Contractor shall immediately suspend any staff person against whom allegations of any of the behaviors listed below have been made, and shall report the allegations to the CFSA Hot Line. If CFSA substantiates the allegations at the conclusion of an investigation by CFSA, the Contractor shall terminate the staff person. Failure to dismiss employees for these conditions shall be sufficient cause for the termination of this contract under the Defaults Clause.

C.4.2.8.1 Physical abuse of children, families or staff members;

C.4.2.8.2 Sexual abuse or harassment of children, families or staff members;

C.4.2.8.3 Verbal or emotional abuse of children, families or staff members;

C.4.2.8.4 Drug or alcohol use on the premises or with children and families, or such that the staff is intoxicated while on duty;

C.4.2.8.5 Failure to report any allegation of child abuse and/or neglect to the CFSA and to the appropriate law enforcement or social service agency in the jurisdiction in which the allegation occurred.

C.4.2.9 The Offeror's proposed staffing pattern shall reflect best practice in the field of child welfare, and shall ensure that the performance expectations and practice standards described herein are met. Personnel providing case management services to children and their families must meet the requirements of the IP. Social workers shall possess a Masters degree in Social Work (MSW) or Bachelors degree in Social Work (BSW), and shall be licensed to practice social work in the District of Columbia. Social workers serving families, foster families and children living or placed in the states of Maryland and Virginia, must be licensed to practice social work according to the requirements of those respective jurisdictions.

C.4.2.10 The Offeror shall provide the titles of personnel providing case management services to children and their families, and shall describe their roles and responsibilities, qualifications and caseload sizes. In accordance with the Implementation Plan (and Modified Final Order, Chapter XI), the caseload for social workers providing services to children in placement shall not exceed 12 children with special needs, and shall not exceed 20 for all other children. Caseloads for social workers conducting home studies shall not exceed 30 cases.

C.4.2.11 The Contractor shall ensure that supervisory staff conduct weekly case-focused supervision with each social worker serving CFSA children and families. Supervisory staff shall maintain documentation of the cases discussed.

#### C.4.3. Staff Training

C.4.3.1 The Contractor shall provide orientation sessions for all staff to include, at a minimum, administrative procedures; program mission and goals; policy, procedure and practices; rights and responsibilities of staff, families and children; and other programmatic requirements.

C.4.3.2 The Contractor shall develop a staff training plan that includes, at a minimum, assurance that all direct service and supervisory staff receive the training required by the Implementation Plan.

C.4.3.2.1 Pre-Service Training: Every newly hired Social Worker without previous experience in child welfare shall complete CFSA's full 80 hours of pre-service training through a combination of classroom and on-the-job training. The Contractor shall ensure that these social workers are not given independent case management responsibility prior to completion of this training. Social workers with child welfare experience from other jurisdictions shall complete the CFSA condensed training schedule, which comprises the DC-specific part of the pre-service training curriculum.

C.4.3.2.2 In-Service Training: During each calendar year, all Social Workers will receive a minimum of 40 hours of ongoing training geared toward professional development and specific core and advanced competencies. Social Workers providing specialized services will receive training in these specialty areas.

C.4.3.2.3 Supervisory Pre-Service Training: Within three months of assuming supervisory responsibility, new supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare workers.

C.4.3.2.4 Supervisory In-Service Training: During each calendar year, all Supervisors will receive a minimum of 24 hours of ongoing training.

C.4.3.3 The Offeror shall include in the staff training plan the types of additional training that are or will be provided to staff either directly by the Offeror or an external provider. This training plan shall be updated at least annually, and shall be made available to the Contract Administrator or Program Monitor upon request.

## **C.5 INFORMATION, DATA COLLECTION, REPORTING AND QUALITY ASSURANCE**

### **C.5.1 FACES Information System**

CFSA's FACES system is the source of management and administrative data used to assess practice and report on progress made toward achieving benchmarks required by the federal government and the IP. The Contractor shall be required to maintain connectivity with CFSA's FACES information system, and to fully utilize FACES to record and track progress for each case.

C.5.1.2 The Offeror shall demonstrate its compliance with the FACES technical requirements in Section C.5.2 "Computer Hardware and Software Requirements", including the provision of regular on-site technical support, and shall describe the use of FACES in managing its service delivery. The Contractor shall maintain all physical case records in compliance with CFSA recordkeeping standards, shall enter all pertinent case data into FACES within 48 hours, and complete case management tasks (e.g., case plans and documentation of contacts) in FACES such that all information is current and accurate.

C.5.1.3 The Offeror shall describe its internal quality assurance systems for monitoring and evaluating its program performance, and for developing and implementing improvement strategies. This system shall include standards for maintenance of current case management information in FACES.

C.5.2 Computer Hardware and Software Requirements

C.5.2.1 The Contractor shall ensure that each individual social worker, supervisor and program manager has a personal computer that meets the standards listed below. CFSA will cover the cost of providing new computers to the aforementioned personnel or of upgrading existing ones to meet these standards. In order to maintain the level of functionality required for reliable and consistent FACES access, CFSA PCs shall meet the following specifications:

C.5.2.1.1 256+ MB memory

C.5.2.1.2 2.0+ GB hard disk capacity

C.5.2.1.3 56K modem

C.5.2.1.4 CD Drive

C.5.2.1.5 Monitor to support resolution of 800 x 600

C.5.2.1.6 Operating system – Windows XP/2000

C.5.2.1.6 Printers (updates with new drivers)

C.5.2.2 The Contractor's LAN/WAN shall have high speed internet connectivity for access to FACES, and shall use the District's Virtual Private Network (VPN) for accessing FACES. CFSA will provide the Tokens and Software needed to set up the VPN.

C.5.3 User Support and Training

C.5.3.1 CFSA's Child Information Systems Administration (CISA) staff will support technology management, but will not provide desk-side assistance to Contractors. The Contractor shall have the capacity for technology management, and depending on the size of the agency, a technical support team. The support team shall have a ratio of no more than 1:30 (one technician per 30 users). The technical team may be shared with another agency.

C.5.3.2 The Offeror shall demonstrate that it has user support staff with expertise in the FACES application and FACES on-line management reports. Such staff shall have responsibility for providing functional assistance its own agency staff, and shall participate in CFSA monthly meetings design sessions, new enhancement meetings, and the monthly meeting with the Contractor's CFSA program monitor.



C.5.3.3 The Contractor shall provide CFSA with contact information for the staff charged with technology management and user support, including e-mail addresses, telephone numbers and mailing addresses.

C.5.3.4 CFSA shall provide the Contractor with technical upgrades and/or monthly enhancement version notes distributed via all staff and user e-mails.

C.5.3.5 The Contractor shall ensure that each of its staff participate in the initial core and ongoing FACES training and has access to the security level necessary to perform his or her job. The Contractor must maintain full FACES access capability at each security level despite any staff turnover.

#### C.5.4 Performance Evaluation and Outcome Measurement

##### C.5.4.1 Performance Evaluation

A primary goal of CFSA's contract reform initiative is establishing provider accountability for improving the quality of services delivered. During the course of the IP, the Offeror shall meet the same time-specific benchmarks for effective practice and service delivery expected of CFSA. The IP requires CFSA, by September 30, 2004, to have established clear performance standards for family-based foster care providers, and to have devised a timetable for their expected accomplishment. CFSA expects to accomplish this goal through the use of improved data collection and contract monitoring, and the development and implementation of performance evaluation.

C.5.4.1.1 CFSA shall evaluate performance based on the Contractor's ability to meet each of the relevant IP requirements, particularly those cited in Section III, Services to Children and Families, Strategies 1 and 3; Section VI, Placement of Children, Outcomes 1a, b, d, h, 2, 3, 4 and 5; Section VII, Planning, Outcomes 1, 2a – e, 3, 4 and 5; and Section IX, Supervision of Placement. Some examples of these performance expectations are provided below, and Contractors shall meet each standard that applies to the provision of family-based foster care services:

C.5.4.1.1.1 Adherence to social worker/caseload ratios.

C.5.4.1.1.2 A minimum of twice monthly visitation between children and some or all of their siblings, when placed apart.

C.5.4.1.1.3 Full medical and dental evaluations within 30 days of placement.

C.5.4.1.1.4 Timely, comprehensive and appropriate case plans, developed with families that reflect current conditions and needs.

C.5.4.1.1.5 Current case plans for initial case plans created within the first 30 days of a child's removal; and updated in accordance with changing needs, but no less frequently than every six months.

C.5.4.1.1.6 The family social worker shall meet with the parents of children with a goal of reunification no less than twice per month in the first three months post-placement, unless there is documentation that the parents are unavailable or refuse to cooperate.

C.5.4.1.1.7 Social worker visits with children on a weekly basis during the first eight weeks of initial placement or replacement in foster care.

C.5.4.1.2 The Contractor shall collaborate with CFSA on strategies described in the IP, including quality improvement processes and routine use of practice tools such as case planning and placement conferences, facilitated family team meetings, case transfer staffings, permanency planning team meetings, administrative reviews, and child-specific adoptive home recruitment. The Contractor shall submit quarterly reports to CFSA, and undergo routine monitoring activities and performance reviews conducted by CFSA.

C.5.4.1.3 CFSA will provide technical assistance to a Contractor and grant designated periods for corrective actions in individual categories. Any Contractor that continues to fail to accomplish these requirements will face corrective action by CFSA, up to and including termination of its contract under the Defaults Clause.

#### C.5.4.2 Outcome Measurement

CFSA plans to formulate specific outcomes during this contract period that every provider of family-based foster care will be expected to achieve in the future. These results will take the form of concrete outcomes that represent safety, permanency, and well-being for children and families, and will be congruent with the practice outcomes and process outlined in the Modified Final Order and Implementation Plan.

Eventually, CFSA anticipates association of financial incentives and/or disincentives with a Contractor's rate of achievement of those outcomes.

C.5.4.2.1 Expected outcomes, benchmarks and implementation strategies can be found in detail as Appendix A to this Section C of the RFP, particularly in the Services to Children

and Families; Emergency Care; Placement of Children; Planning; Adoption and Post-Adoption; Supervision of Placement; Caseloads, Staffing and Social Worker Qualifications; and Training sections. Examples of some of the expected outcomes for which providers may be held accountable are listed below:

C.5.4.2.1.1 Children will remain safe in their homes while receiving case management services from private providers with family case management responsibility.

C.5.4.2.1.2 Children will be safe in out-of-home care.

C.5.4.2.1.3 Children placed in out-of-home care shall maintain family and community ties.

C.5.4.2.1.4 Children will achieve stability in out-of-home care.

C.5.4.2.1.5 Permanency goals for children in care will be identified and achieved within federal and local statutory requirements.

C.5.4.2.1.6 Children removed from their homes will be placed in foster homes that reflect and honor their respective cultures.

C.5.4.2.1.7 Children will remain safe when they return home or go to other permanent settings.

C.5.4.2.2 During the base contract year, CFSA will form a Private Providers Workgroup to assist in fully developing the performance-based contracting approach, the results Contractors shall be expected to achieve, and strategies for measuring these results. Each Contractor shall be represented on this workgroup by its Chief Executive Officer, Executive Director, or a comparable senior manager capable of making commitments for the agency represented. The Contractor's Chief Financial Officer shall participate when the Workgroup discusses financial issues.

## **C.6 PROGRAM REQUIREMENTS**

### **C.6.1 Case Management Responsibility**

#### **C.6.1.1 Assigning Case Management Responsibility**

C.6.1.1.1 CFSA shall assign the Contractor child case management responsibility for each child placed in one of its foster homes. Ideally, if siblings are placed together, or in the homes of one child-placement agency, that agency will be assigned child case management responsibility for each of the children from that family. More than one

agency may have child case management responsibility for the children in one family, however, if siblings cannot be placed together. CFSA will make every effort to place children with their siblings and limit the number of agencies and social workers involved with a family.

C.6.1.1.2 Generally, CFSA will assign family case management responsibility to a Contractor under the following conditions:

- (1) The majority of children from that family are placed in its foster homes;
- (2) The oldest child from a family is placed in one of its foster homes; or
- (3) The only child in out-of-home care is placed in one of its foster homes.

C.6.1.1.3 A Contractor assigned family case management responsibility shall retain it until the family no longer has any involvement with CFSA. If another child comes into foster care from a family with which for whom one or more child-placing agencies is already involved, family case management responsibility shall continue to remain with the child-placement agency to which it has already been assigned. CFSA will make every effort to place the new child with at least one of his/her siblings, or at a minimum, in the home of the Contractor that already has family case management responsibility.

C.6.1.1.4 In the option year of the contract, CFSA plans to pilot a “placement rotation method” for assignment of cases to child-placing agencies when children enter or re-enter foster care. Upon a child’s entry into care, CFSA will assign the child and family to a child-placement agency selected on a rotational basis from among those agencies serving the geographical area in which the child’s family resides. That child-placing agency will then become responsible for securing placement for any of the children in that family needing foster care placement, and will also be assigned family case management responsibility. The Offeror shall describe the manner in which it will develop the capacity to coordinate placements with other contracted child-placing agencies. In the base contract year, the Contractor shall designate a representative to participate on a workgroup to develop protocols for this placement rotation method. Each Contractor must be represented by a Program Director, or professional of equivalent stature.

C.6.2 Child Case Management Responsibility